

HOW MEDICINE, THROUGH PREVEN*
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THE BLIND.

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HOW MEDICINE, THROUGH PREVENTION OF BLINDNESS AND
CONSERVATION OF VISION, HAS AFFECTED WORK FOR THE BLIND

By

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The subject assigned to me covers such a vast field that it would be utterly impossible to do more than merely scratch the surface in the time allotted to me for this discussion.

Modern medicine has taken vast strides in the prevention and cure of diseases which lead to blindness and which hitherto have been considered hopeless. I shall not attempt even to enumerate the many conditions for which specifics have been found. It seemed to me advisable, therefore, to mention only a few of those better known local and general diseases which have been considered as important factors in the production of blindness and which seem most interesting to me.

Take for example, the sulphamids, in their application to the treatment of gonorrheal ophthalmia and trachoma. The results of modern methods of treating ophthalmia neonatorum and gonorrheal ophthalmia with the sulphamids is simply remarkable, so much so that it appears that in the future gonorrheal ophthalmia and, particularly, ophthalmia neonatorum, as far as results are concerned, will not even be considered serious eye affections. We have enumerable instances in which the most serious cases of ophthalmia neonatorum have been practically cured in from twenty-four to thirty-six hours. Resulting loss of visual acuity

can hardly ever result in such cases. With this form of treatment, the only probability of resulting loss of vision will depend on the interval of time between the onset of the disease and the institution of medication.

Anti-syphilitic treatment, as practised at the present time, is rapidly eliminating the many eye conditions and the resulting blindness which have, heretofore, been so great. The modern methods of the control of diabetes is also an important factor in the prevention of blindness.

Probably of greatest importance to the ophthalmologist, but not so spectacular, are the numerous refinements in the methods for the determination of disease and also the improvements in technique in the various surgical procedures for the correction and cure of diseases, such as cataract.

The slit lamp and corneal microscope has been of tremendous aid in the detection of diseases in the earliest incipency, at the time treatment is of such extreme importance. Sympathetic ophthalmia which is likely to occur after penetrating wounds of the eye can, by means of the slit lamp and corneal microscope, be detected at the very onset, long before it would be possible to find involvement by any other method.

Surgical procedures for the cure of detached retina have effected a fair average of cures for a hitherto practically hopeless condition.

The technique of corneal transplantation has been developed to the point where certain persons hitherto given up as permanently blind can be enabled to see.

The manufacture of contact glasses in recent years has made possible their use as an ordinary clinical procedure and they provide almost normal visual acuity for persons who otherwise might be considered blind for all practical purposes.

These are only a few of the many measures and means for the prevention and cure of blindness with which the worker and the teacher among the blind should be familiar and which he or she make available to those who might be helped.


It would seem to me that in addition to the effort which is being made by the ophthalmologist through the use of modern medicine that we need the support and cooperation of educators and workers for the blind.

I see the need for courses of instruction for teachers and workers which will familiarize them with the early symptoms of visual disturbances and their relationship to the pupils' reactions to their school environment.

Every child has the right to enter first grade free to learn and a thorough eye examination is the only way to discover errors in seeing.

School medical inspection is becoming more and more a part of all public school systems. It is a means of locating gross eye defects and supplemented by adequate follow-up by the school nurse or social worker it serves as a valuable sight-saving measure.

I see the need for an awareness on the part of workers for the blind, educators and boards of education to their responsibility for providing special educational facilities for visually handicapped children.



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The fact established by the Committee on Statistics of the Blind, through their study of causes of blindness of pupils attending schools for the blind, that there are more than one out of every ten children having too much vision to be educated as blind individuals, suggests the need for far greater consideration of the educational environment and teaching methods to safeguard the remaining vision.

The solution of this problem, it seems to me, lies in the establishment of adequate facilities for the education of these visually handicapped children, who are not blind, outside the school for the blind.

It would be well for those of us who have the responsibility for contributing to the educational program of children to consider the effect on the partially sighted child of being placed in an institution and educated as a blind child when sound educational planning could have resulted in his being in his own home attending the school in his community.

I believe that the effect of prevention of blindness and conservation of vision measures can be seen in the gradual decrease in the number of admissions of totally blind persons to schools for the blind. With increased efforts through prevention measures there should be and will continue to be a slow but steady decrease in the number of applications for admission to schools for the blind.

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